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Why Language And Culture Are Important

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Why Language and Culture Are Important

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America is a country of many races and cultures, and with each passing year, more health care providers are recognizing the challenge of caring for patients from diverse linguistic and cultural backgrounds. Health care professionals and managers must have a basic understanding of the impact of language and culture on health care delivery in order to efficiently organize services that meet the needs of both the institution and a diverse patient population.

Linguistic and cultural diversity is an inescapable fact of modern American society. According to the 1990 Census, 31.8 million residents of the United States -- 14 percent of the total population - spoke a language other than English at home. Spanish was the most frequently spoken language, followed by French or Creole, German, Chinese, and Italian. A total of 4.5 million Americans spoke an Asian or Pacific Island language. In some states, the percentages of those speaking a language other than English at home were significantly higher than the national average--36 percent in New Mexico, 31 percent in California, and 20 percent each in Arizona, Hawaii, New Jersey, New York, and Texas.

The challenge of learning a new language is significant. Basic language proficiency often takes years to achieve, and even then, familiarity with medical terminology and concepts may still be lacking. There are typically never enough English-as-a-Second-Language classes to meet demands, and aspiring candidates often wait months or years to move up on waiting lists. Lack of basic reading and writing skills in a person's native language (or speaking a language with no written form) hinders the ability to learn a new language. Finally, in times of significant stress or

emotional trauma, such as dealing with an illness or injury, even individuals with years of English experience often revert to the "mother tongue."

Health care facilities in almost every large U.S. city and many suburban and rural areas are serving diverse patient populations. Even though most health care providers want to offer them the same attention and concern as to any other patient, limited English proficient (LEP) patients encounter obstacles at every turn.

They may delay making an appointment because of the difficulty communicating over the telephone. Meanwhile, the health problem may become more severe or advanced requiring more expensive or invasive treatment. Misunderstandings about the time, date, and location of appointments are more likely to occur if the patient does not understand English. Even when patients arrive at the facility on time, they may be late for appointments because of difficulty communicating with registration staff. Furthermore, the medical interview and examination present unlimited possibilities for confusion and potential serious misunderstanding can occur since complete and accurate medical history is crucial to an accurate diagnosis. Sophisticated technology and diagnostic procedures are not substitutes for clear patient-provider communication. In addition, miscommunication can result in unnecessary or inaccurate tests. Even when tests are necessary, if patients are not given instructions in a language they can understand, they may not be adequately prepared physically or psychologically to undergo these sometimes painful and frightening procedures. Likewise, if patients are to comply with a treatment plan, they must have a clear understanding of what is required of them.



The Impact of Culture on Health Care Delivery

Culture has been described as the learned and shared patterns of information that a group uses to generate meaning among its members. These patterns encompass non-verbal language and material goods. Within macro cultures (national, ethnic or racial

groups) are micro cultures (gender, age, religious beliefs) in which the members share a belief in certain rules, roles, behaviors, and values. Macro and micro cultures combine to shape the individual's world view and influence their interaction with others.

All individuals begin life with an ethnocentric viewpoint: that is, with ignorance of other cultural systems or with an unquestioning belief in the superiority of their own. When two ethnocentric views confront one another, there may be tension or conflict. To develop a multicultural perspective requires a thoughtful examination of one's own learned patterns along with those of others.

Culturally based beliefs and traditions can affect the course and outcome of disease. Both providers and patients bring their respective cultural backgrounds and expectations to the medical interview. These cultural differences can present barriers to appropriate care. In the U.S. for example, providers are accustomed to the Western emphasis on the individual. However, in many other cultures, the family plays the central role in managing illness. Illnesses can be categorized in strictly biological terms by Western medicine, but many individuals carry cultural assumptions that may influence the presentation of symptoms or the response to diagnosis and treatment. A patient whose culture does not have a model for chronic diseases may perceive similar episodes of illness in the past as unrelated: that is, a distinct illness, having distinct causes and cures. Similarly, some cultures feel that informing a patient of potential medical risk can influence outcomes or be dangerous to the patient.

While information about specific cultures can contribute to understanding, superficial knowledge sometimes leads to stereotyping that belies the complexity of cultural issues and the nature of the individual. Cultural beliefs and behaviors are ever-changing. Changes occur within the individual as that person grows and develops and becomes exposed to new things. Changes also occur on a larger scale, as a cultural group adapts to new ideas and conditions. Each person combines cultural background,

personality and experience in a unique way. Some individuals may adhere closely to the traditional beliefs and practices of a birthplace, while others, born in the same locale, may fully acculturate into the U.S. way of life.

In a cross-cultural patient/provider relationship, both parties may be called upon to acknowledge and respect health concepts and practices different from their own. While this is an opportunity for growth and enrichment, it can also cause discomfort. Tension arises when different health belief systems confront one another. Common responses to the unknown or unfamiliar are anxiety, wariness, and even anger or fear.

All health care personnel should learn to regard the patient and his or her family as unique and aim to develop skills to assess the role of culture in any given situation.

For professionals in the health care setting, awareness of personal cultural biases is a prerequisite for cross-cultural competence. The competent professional cultivates a non-judgmental attitude of respect, interest, and inquiry. From this viewpoint, the cross-cultural encounter is approached as an opportunity for learning and growth.

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